ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY

State Assurance Fund DIRECT PAYMENT REQUEST DP.3: Cost Work Shoot

DP-3: Cost Work Sheet													
				EACH CO	OST ITEM SU	BMITTED BELOW MUST INCLUDE COMPLI	ETE INFORMA	ATION FOR All	REQUIRED COL	UMNS.			
A) LUST Number: (B) Applicant					(B) Applican	t Name: (C) Preapproval Cost Schedule:							
1	2	3	4	5	6	7	8	9	10	11	12	13	
REF No.	Preapproval Line No.	Provider Name	Invoice No.	Activity or Phase Code	Cost Schedule Item Code	Item Description	No. of Units Requested	Unit Rate Requested	Subcontracted Cost Amount	Total Mark-Up On Subcontracted Cost	TOTAL AMOUNT CLAIMED	Optional Footnote See Instructions	
				Foo	otnotes:						-		
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